

Application for Federal Assistance SF-424

Version 02

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|--|--|--|---|--|--|
| *1. Type of Submission <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application | | *2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision | | *If Revision, select appropriate letter(s): BD: Decrease Award, Decrease Duration * Other (Specify) BD: Decrease Award, Decrease Duration | |
| *3. Date Received: | | 4. Application Identifier: | | | |
| 5a. Federal Entity Identifier: | | | *5b. Federal Award Identifier: 01458 | | |
| State Use Only: | | | | | |
| 6. Date Received by State: | | | 7. State Application Identifier: | | |
| 8. APPLICANT INFORMATION: | | | | | |
| * a. Legal Name: Cold Climate Housing Research Center | | | | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 92--0169929 | | | *c. Organizational DUNS: 6087730030000 | | |
| d. Address: | | | | | |
| *Street1: 1000 Fairbanks Street Street 2: PO Box 82489 *City: Fairbanks County: *State: AK: Alaska Province: Country: USA: United States | | | | | |
| *Zip/ Postal Code: 99708 | | | | | |
| e. Organizational Unit: | | | | | |
| Department Name: | | | Division Name: | | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | | | |
| Prefix: | | First Name: Michele | | | |
| Middle Name: | | | | | |
| *Last Name: Doyle-Brewer | | | | | |
| Suffix: | | | | | |
| Title: Chief Operations Officer | | | | | |
| Organizational Affiliation: | | | | | |
| *Telephone Number: 907-457-3454 | | | Fax Number: 907-457-3456 | | |
| *Email: michele@cchrc.org | | | | | |

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9. Type of Applicant 1: Select Applicant Type: N. Nonprofit



Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Denali Commission

11. Catalog of Federal Domestic Assistance Number:

90.100

CFDA Title:

Denali Commission Program

*12. Funding Opportunity Number: Not Applicable

*Title: Not Applicable

13. Competition Identification Number: Not Applicable

Title:

Not Applicable

14. Areas Affected by Project (Cities, Counties, States, etc.):

*15. Descriptive Title of Applicant's Project:

Fairbanks Non-Profit Energy Efficiency Retrofit Pilot

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:

*a. Applicant
all

*b. Program/Project:
al

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date: 01/01/2014

*b. End Date: 03/31/2017

18. Estimated Funding (\$):

*a. Federal \$263,031.26

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL \$263,031.25

19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ **I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: *First Name: Michele

Middle Name:

*Last Name: Doyle-Brewer

Suffix:

*Title: Chief Operations Officer

*Telephone Number: 907-457-3454

Fax Number: 907-457-3456

*Email: michele@cchrc.org

*Signature of Authorized Representative:  Date Signed: 05/01/2017